

Center Township Trustee

**Lisa M. Pierzakowski
1700 Lincolnway Place
Suite 6
(219) 362-2736**

Release / Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), you are being informed that reports verifying your driving record for the past three (3) years will be obtained for Center Township purposes. Additionally, you are being informed that a criminal background check and a professional reference check will be obtained for Center Township purposes.

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Social Security Number

Applicant's Driver License Number

State Issued

Applicant's Date of Birth



Our Mission: The mission of the Center Township Volunteer Fire Department is to deliver fire, rescue, and emergency medical, hazardous and environmental disaster services to protect lives, property and our environment.

CENTER TOWNSHIP VOLUNTEER FIRE APPLICATION

CENTER TOWNSHIP VOLUNTEER FIRE DEPARTMENT

305 W JOHNSON ROAD

LA PORTE, IN 46350

PHONE: 219- 362- 3322

Center Township Volunteer Fire Department thanks you for your support. CTVFD respects the confidentiality of the information provided in this application.

CONTACT INFORMATION (PLEASE PRINT)

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

Street

APT#

City

State

Zip Code

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

AVAILABILITY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

AREAS OF INTEREST: CHECK ONE OR MORE

Firefighting First Responder CPR Instructor Fundraising
 Safety Instruction Equipment maintenance

BACKGROUND INFORMATION

Occupation: _____ Education: High School College/Technical Graduate School

Currently employed: Yes No Position/Title _____ Employer: _____

Have you ever volunteered? Yes No If yes, name of organization _____

Volunteered jobs performed: _____

Have you ever submitted an application to the Center Twp Vol Fire Dept before Yes No If yes,
name of fire department _____ Name of Chief: _____

Phone: _____

How did you hear about volunteer opportunities for CTVFD: _____

Briefly, why do you choose to volunteer for the Center Twp Vol Fire Department

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

PROFESSIONAL REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PROFESSIONAL LICENSE OR CERTIFICATIONS (E.G. FIRE TRAINING, ETC.)

PLEASE ATTACH COPIES

No: _____ Issuing State: _____ Expiration Date: _____

No: _____ Issuing State: _____ Expiration Date: _____

No: _____ Issuing State: _____ Expiration Date: _____

MOTOR VEHICLE DRIVING RECORD

Have you had more than (1) at fault traffic accident in the past (10) years? __ Yes __ No

Have you had more than two minor driving convictions in the past (10) years? __ Yes __ No

Have you had a major driving conviction in the past (10) years? __ Yes __ No

Have you been convicted of a felony? __ Yes __ No If yes, please explain reason

VOLUNTEER AGREEMENT

I have given the above information voluntarily, and I certify that all statements and representations are true and correct. I understand that all Center Township Volunteer Fire Department (CTVFD) volunteers must submit to and pass a background check. I understand that an application is not a guarantee or acceptance and that any violations of the CTVFD code of conduct and standard operating procedures, I can be dismissed as a volunteer.

I do hereby give CTVFD/ Trustee permission to inquire into my educational background, driving record, employment, volunteer history, or police record. I, further give permission to the holder of such records to release the same to the CTVFD/ Trustee. I hereby hold the CTVFD/ Trustee harmless of any liability, whether civil or criminal that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above CTVFD/ Trustee.

I understand that the CTVFD will use this information as part of its verification of my volunteer application. I understand that it will be used and disclosed for CTFD purposes only. I understand that I will not be paid for my services as a CTVFD volunteer.

I have read, understand, and agree to fully abide by the CTVFD volunteer personnel policies, protocols, and code of conduct. I read, understand and agree to abide fully to the CTVFD mission and its fundamental principles and values.

Name: (Please Print) _____

Signature: _____ Date: _____